

# Prevention bulletin

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## Heat Related Deaths on the Rise in Arizona

By Christopher K. Mrela, Ph.D. & Will Humble, M.P.H

Five hundred seventy (570) people died from heat exposure due to excessive temperatures in Arizona from 1992 to 2002. A majority of the deaths occurred among Arizona residents (55%). On average, 29 Arizona residents die every year from heatstroke or sunstroke. Forty residents died from heat exposure last year. Not surprisingly, nearly all of the deaths occurred between May and September, with a peak in July.

More than 70% of Arizona residents that died from heat exposure were over 45 years old, with 42% over the age of 65. In fact, deaths from excessive heat ranked fifth among the leading causes of accidental death for Arizonans 65 and older. Males accounted for more than 70% of the deaths among Arizona residents. Children and adolescents represented only 4% of the heat related deaths.

By contrast, deaths among migrants are predominantly males less than 44 years old, with 65% of

deaths in males aged 20 to 44 years old. Less than 1% of migrant deaths were more than 65 years old.

The number of deaths among migrants has climbed dramatically in recent years. There were no migrant fatalities from heat exposure in 1992, 13 deaths in 1998 and 80 deaths in 2002.

All persons are at risk for hyperthermia when exposed to a sustained period of excessive heat. However, your highest risk patients are those over the age of 65, with underlying chronic medical problems. Behavioral risk factors for all patients include low fluid intake, excessive exercise, alcohol and/or drug use, and prolonged outdoor activity.

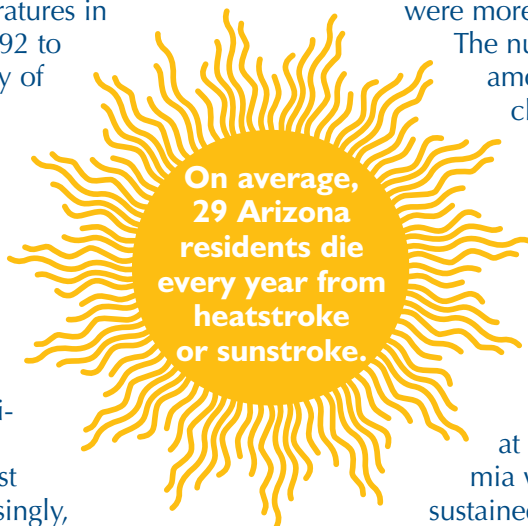
Heat-related illness can begin as sunburn and fatigue and progress to heat cramps, heat exhaustion, and heatstroke. The two most serious types of heat-related illness are heat exhaustion (heavy sweating, paleness, muscle cramps, tiredness or weakness, dizziness or headache, nausea or vomiting, and faintness) and heatstroke (oral temperature of

> 39.4° C; rapid, strong pulse; red, hot, and dry or sweaty skin; throbbing headache or dizziness; nausea; confusion; and unconsciousness).

Untreated heat exhaustion can progress to heatstroke, a medical emergency. Even when treated, the death rate for heatstroke may be as high as 33%. Permanent neurologic damage occurs in up to 17% of survivors, and its likelihood increases with longer duration of heatstroke.

The Arizona Department of Health Services offers the following prevention tips to avoid heat-related illness:

- Never leave infants, children or pets inside a parked vehicle.
- Increase fluid intake, regardless of activity level. Don't wait until thirsty to drink fluids; drink more liquid than one's thirst indicates.
- Avoid "heat hangover." Continue to drink fluids even after strenuous activity. This will enable the body to maintain optimum hydration, and help prevent the after effects of heat exposure such as headaches and fatigue.
- Avoid beverages containing alcohol, caffeine or large amounts of sugar as they dehydrate the body. Avoid very cold beverages as they cause stomach cramps.



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**Arizona  
Department of  
Health Services**

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## Heat Related Deaths on the Rise in Arizona

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- Limit exercise or outdoor activity between the hours of 11 a.m. and 3 p.m. when the sun is at its peak intensity. If active during this time frame, drink a minimum of 16 to 32 ounces of water each hour.
- Some medications, both prescription and over-the-counter, may increase the risk of heat related illness.

The report "Deaths From Exposure to Excessive Natural Heat Occurring in Arizona, 1992 – 2002" was prepared as a supplement to injury mortality statistics for Arizona residents. The full report on Arizona heat related deaths is available on the Arizona Department of Health Services website at <http://www.hs.state.az.us/plan/report/heat/heat02.pdf>

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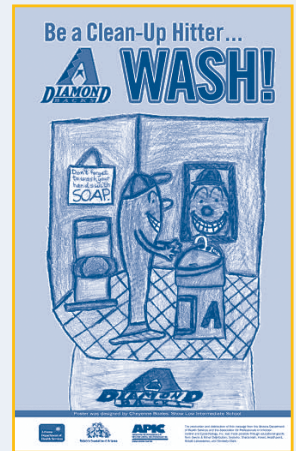
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## Show Low 4th Grader Wins Diamondbacks Poster Contest to Promote Good Hygiene

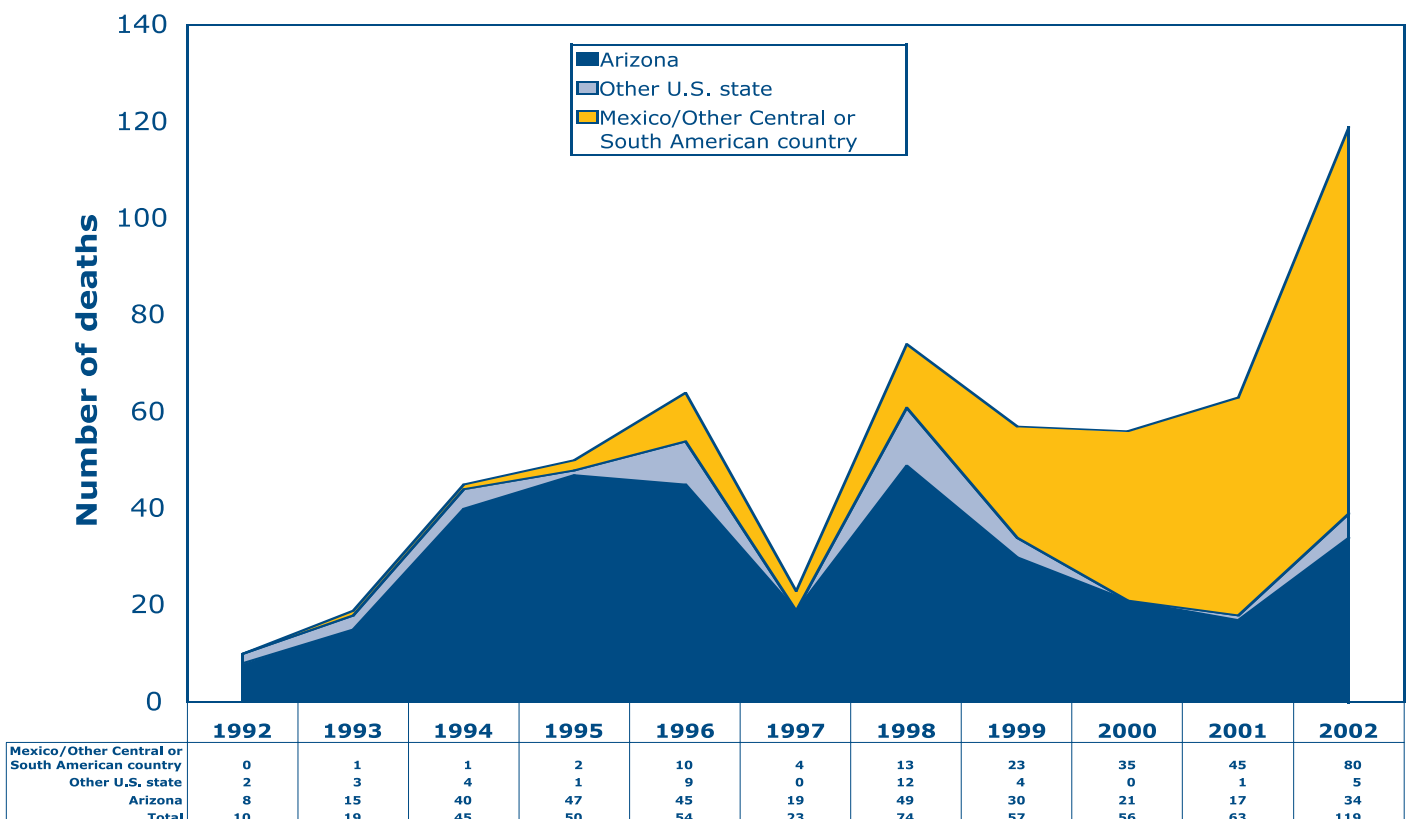
As part of a state campaign to promote infection control, a Show Low 4th grader's depiction of a baseball bat washing its hands has won her tickets to see the Arizona Diamondbacks, and have her artwork displayed in health provider offices and schools around the state.

The winner of the contest is Cheyenne Boales, 10, a student at Show Low Intermediate School.

The Arizona Department of Health Services and the Association for Professionals in Infection Control and Epidemiology teamed up with the Arizona Diamondbacks to sponsor the "Strike Out Infection" poster contest for school children throughout Arizona. The purpose of the contest was to teach children, their parents, and their teachers ways to prevent infections from spreading.



### DEATHS FROM EXPOSURE TO EXCESSIVE NATURAL HEAT\* OCCURRING IN ARIZONA BY STATE OR COUNTRY OF RESIDENCE AND YEAR, 1992-2002



\*The underlying cause of death was classified as E900.0 by ICD-9 (1992-1999) or as X30 by ICD-10 (beginning in 2000). Included are deaths occurring in Arizona from excessive heat due to weather conditions as the cause of heatstroke or sunstroke among both residents of Arizona and non-residents. Excluded are deaths due to excessive heat of man-made origin.

# EPA and FDA Issue an Advisory on Eating Fish and Shellfish Containing High Levels of Mercury

By Bob Gomez, M.P.H.

Earlier this year, the Environmental Protection Agency (EPA) and Food and Drug Administration (FDA) issued an advisory for women who may become pregnant, pregnant women, nursing mothers, and young children to avoid certain types of fish and shellfish that may contain high levels of mercury. The advisory also provided recommendations for eating fish and shellfish that have lower levels of mercury.

Considering fish and shellfish are an important part of a healthy diet, women and young children should continue to include fish or shellfish in their regular diet. By carefully following the EPA and FDA recommendations when selecting and eating fish and shellfish, women and young children can minimize their exposure to high levels of mercury and the harmful effects.

Mercury is found naturally in the environment. However, activities of the industrial age, including air emissions from power plants and waste disposal, have had a notable impact on the amount of mercury introduced into the environment. Once in the environment, mercury can go



through certain chemical changes to form an organic compound called methylmercury. Methylmercury presents a significant hazard to humans and other mammals when consumed because it is absorbed into tissue but it is not easily eliminated.

Methylmercury accumulates in the food chain particularly as a result of predator fish and shellfish eating other methylmercury contaminated fish and shellfish with humans at the end of this food chain.

Methylmercury is particularly toxic in developing organisms. The central nervous system is the most sensitive organ to this toxin with notable adverse effects on neurological function.

The following recommendations for selecting and eating fish or shellfish were provided in the EPA and FDA advisory to reduce women and young children's exposure to high levels of mercury.

- Do not eat shark, swordfish, king mackerel, or tilefish because they may contain high levels of mercury;
- Eat up to 12 ounces (2 average meals) a week of a variety of fish or shellfish that are lower in mercury;

- Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish;
- Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. When choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna each week; and
- Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers, or coastal areas. If no advice is available, eat up to 6 ounces a week of fish you catch, but do not consume any other fish. (See sidebar below on the Arizona advisory.)

These recommendations should be followed using smaller portions when feeding fish or shellfish to young children.

By following these recommendations, women and young children can maintain a healthy diet that includes fish and shellfish while minimizing their exposure to mercury and the potential harmful effects.

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## Arizona Fish Consumption Advisory Still In Effect

The Arizona Departments of Environmental Quality (ADEQ), Game and Fish, and Health Services recently reminded Arizonans of a continuing advisory regarding the hazards associated with eating fish caught at several lakes throughout Arizona due to high levels of mercury and other pollutants in certain types of fish.

The advisory is consistent with recommendations presented by the Environmental Protection Agency (EPA) and Food and Drug Administration (FDA) earlier this year pertaining to the consumption of fish and shellfish by women who may become pregnant, pregnant women, nursing mothers, and young children. EPA and FDA recommend checking with local authorities about the safety of fish caught by family and friends in local lakes, rivers, and coastal waters.

All Arizona lake advisory information is available at the ADEQ website at [www.adeq.state.az.us/function/news/2004/may.html#0525](http://www.adeq.state.az.us/function/news/2004/may.html#0525) or by calling 602.771.4142. These are fish consumption advisories and the impacted lakes are currently safe for boating, swimming and other recreational activities.





# Noteworthy

## West Nile Virus Hits Valley

As anticipated, an outbreak of West Nile virus (WNV) is well underway in central Arizona. As of June 24, 2004, thirty-seven (37) human cases of WNV have been confirmed in Maricopa County, and many new suspect cases are pending confirmation at the Arizona State Health Laboratory. The earliest onset of illness due to West Nile virus was early May. The age of those affected thus far ranges from 21 – 86, with a median age of 53. Clinical presentations include encephalitis (13), meningitis (16), and WNV fever (5). No information is available on three of the patients. There has been one fatality, a 74 year old female from Maricopa County.

Additionally, 7 viremic blood donors have been identified through the blood-screening program in Maricopa County. This was expected based on last year's experiences elsewhere and given the number of blood donors screened.

This is just the beginning of what is predicted to be a long and serious epidemic. The arbovirus transmission season in Arizona extends well into October. The worst months (July through September) are yet to come. As of June 24, 2004, the presence of the virus in Maricopa County has been detected in 59 mosquito pools, 21 sick horses, 25 dead birds and 16 sentinel chickens.

Surveillance efforts also identified nine positive mosquito pools in Yuma County and one in Cochise County. Although WNV positive results have primarily been identified in Maricopa and Yuma counties thus far, WNV activity is expected to be identified in most of the state very soon. Health care providers throughout Arizona should be on the look-out for suspect cases of WNV. Please report cases to county epidemiology staff upon diagnosis.

For up-to-date information on WNV please visit [www.westnileaz.com](http://www.westnileaz.com).



## Hepatitis C Program Outreach Going Strong

Last November the state Hepatitis C Program launched the "Live Longer Project" designed to reach newly reported hepatitis C positive individuals with hepatitis C information including the importance of getting vaccinated against hepatitis A and B and not using alcohol or street drugs.

So far the program's three health educators have spoken to over 1,000 clients, collecting data, providing health education information, referrals and resources. While the project evaluation is on-going, anecdotally, many clients were already informed of the dangers of drinking alcohol, but most did not know about the importance of getting vaccinated against hepatitis A and B. The Hepatitis C Program will provide A and B vaccine for hep C positive individuals who are uninsured or under-insured.

Future plans for the Hepatitis C Program include the identification of Hepatitis C testing sites throughout the State. During the initial phase of the new testing program, sites will be selected based on ability to identify and reach those folks with the greatest risk of hepatitis C infection. At risk individuals include: past or present intravenous drug users, recipients of blood transfusions before 1992, organ transplant and/or dialysis patients, and health care workers with blood exposure to skin or mucous membranes.

Contact the Hepatitis C Program at 602.364.3658 for a free, confidential risk assessment, a speaker or trainer for your next meeting or in-service, or hepatitis C health education materials.

## State Lab has moved into new building

All State Laboratory Offices and Sections now reside under one roof in the new Bureau of State Laboratory Services building. The address for the new location is 250 N. 17th Avenue, Phoenix AZ 85007-3231. Staff have retained their current phone numbers in the new building.

## Rocky Mountain Spotted Fever Advisory

As hotter temperatures draw Arizonans to the state's high country, residents are advised to take precautions against tick bites because some ticks carry germs that cause disease, including Rocky Mountain spotted fever.

Rocky Mountain spotted fever can occur in the forested mountain areas of Northern, Central and Eastern Arizona.

The best way to prevent exposure is to avoid areas where ticks live. Stay on trails and avoid contact with logs, tree trunks, fallen branches or tree limbs in forests.

Four cases of Rocky Mountain spotted fever have been reported in the White Mountains region of Arizona during the last three years, including two cases recently confirmed in 2004. All four cases involved children. One case in 2003 was fatal. Children are more commonly infected due to their propensity to play in wooded areas.

Symptoms, which usually begin 3 to 14 days after a bite by an infected tick, include moderate to high fever, severe headache, nausea or vomiting and muscle pain. In approximately 85% of cases, a rash appears about three days after onset of illness. People experiencing any of these symptoms within two weeks of a possible tick bite should see a doctor immediately. Rocky Mountain spotted fever can be cured with specific antibiotics if treated early.

The main vector (transmitter) of Rocky Mountain spotted fever in the west is the Rocky Mountain wood tick, which may be encountered in spring and summer months. The tick must be attached and feeding for several hours for disease transmission to occur. Check yourself and children after recreating in wooded areas, and remove ticks promptly and properly.



# Dental Decay Ranks Among Top Childhood Chronic Diseases

Dental decay has been reported by the Centers for Disease Control and Prevention to be perhaps the most infectious chronic disease found in our nation's children.

In an Arizona Department of Health Services survey of Arizona preschool children, 35% of 3-year-old children and 49% of 4-year-old children were found to have tooth decay or early childhood caries. Almost 50% of children experience tooth decay by age four.

It has been shown that dental decay is an infectious disease, caused by bacteria that is passed to the child in infancy. This bacteria is not present at birth and must be acquired, usually from the mother or another caregiver through close contact and sharing eating utensils – cups, glasses and spoons. This bacteria is thought to be transferred to the child between the ages of 6 and 36 months of age. A high amount of bacteria in the mother's mouth increases the rate of transfer to the infant. The children that are infected at this early age usually have a higher amount of tooth decay though their lifetime.

The earliest sign of dental decay may appear as white, chalky spot ("white spot"), near the gum line of the upper front teeth. The "white spot" is a sign that the tooth enamel has been weakened and could lead to a cavity. Unless steps are taken to reverse this process, the white spot area on the enamel will continue to break down.

Parents of young children should be told to use a "lift the lip" method to exam their child's mouth. The parent should gently lift the child's lip to look for these white spots which can provide a signal of the beginning of dental decay or cavities.

**...35% of 3-year-old children and 49% of 4-year-old children were found to have tooth decay or early childhood caries.**

A child's baby teeth (primary teeth) are very important. Healthy, strong baby teeth look nice, help the child chew food more easily and help the child speak more clearly.

Baby teeth hold the space in the mouth for the permanent teeth to come in correctly. When these teeth are lost too early or become diseased, the child's overall health can be harmed.

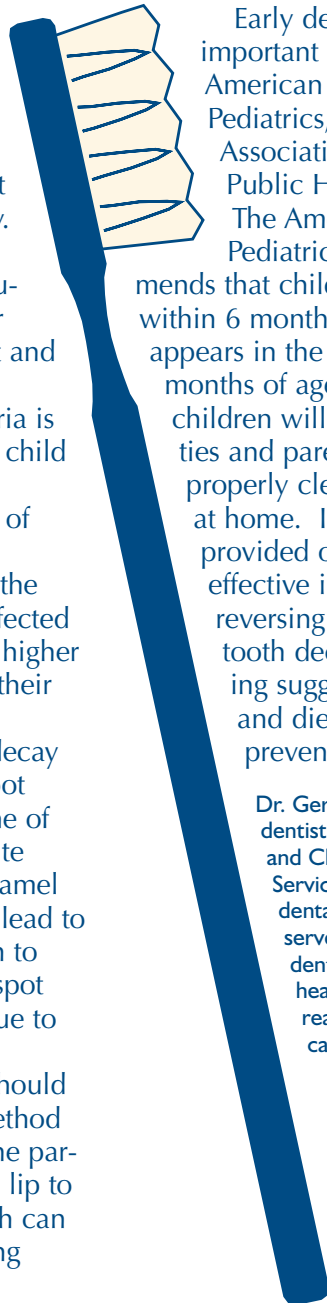
Early dental visits are also important for a child. The American Academy of Pediatrics, American Dental Association, The American Public Health Association and The American Academy of Pediatric Dentistry recommends that children visit a dentist within 6 months after the first tooth appears in the mouth or by 12 months of age. At the dental visit, children will be checked for cavities and parents will learn how to properly clean your child's teeth at home. Information can be provided on how fluoride is effective in preventing and reversing the early signs of tooth decay as well as providing suggestions for nutrition and diet, habits, and injury prevention.

Dr. Gerald A. Caniglia is a pediatric dentist in the Office of Oral Health and Children's Rehabilitative Services responsible for clinical dental consultation on issues and serves as a liaison to organized dentistry and other professional health organizations. He can be reached at 602.542.2946 or [caniglj@hs.state.az.us](mailto:caniglj@hs.state.az.us).

By Gerald A. Caniglia DDS, MSD

## DENTAL TIPS BIRTH TO 3 YEARS

- Mothers should have their dental work completed to prevent passing of decay causing bacteria to their baby.
- Hold infants while feeding. DO NOT prop the bottle.
- Infants should be fed before putting to bed. DO NOT put the bottle in bed with the baby.
- Infant gums should be cleaned every day with a clean, damp washcloth. Clean teeth with a soft toothbrush. Toothpaste is not needed during the first year.
- To clean a baby's mouth, put the baby's head, face up, in your lap to have both hands free to clean.
- Begin brushing teeth daily as soon as they come into the mouth.
- Use only a small pea size dab of toothpaste.
- Lift the lip often to check for white or brown spots on the front teeth.
- Ask your doctor or dentist about fluoride drops at 6 months.
- Wean a child from the bottle at 12-14 months.
- Encourage toddlers to drink water in-between meals. DO NOT allow toddlers to sip on the sippy cup for long periods of time when it contains milk, juice, Koolaid, Gatoraid, or pop.
- Children should make their first dental visit at one year.



# SUMMARY OF SELECTED REPORTABLE DISEASES

Year to Date (January - May, 2004)<sup>1, 2</sup>

	Jan - May 2004	Jan - May 2003	5 Year Median Jan - May
<b>VACCINE PREVENTABLE DISEASES:</b>			
<i>Haemophilus influenzae</i> , serotype b invasive disease (<5 years of age)	0 (0)	6 (5)	4 (1)
Measles	0	1	0
Mumps	0	0	0
Pertussis (<12 years of age)	50 (31)	52 (27)	33 (21)
Rubella (Congenital Rubella Syndrome)	0 (0)	0 (0)	0 (0)
<b>FOODBORNE DISEASES:</b>			
Campylobacteriosis	298	320	197
<i>E.coli</i> O157:H7	8	12	10
Listeriosis	5	4	6
Salmonellosis	278	218	223
Shigellosis	160	186	137
<b>VIRAL HEPATITIDES:</b>			
Hepatitis A	133	102	185
Hepatitis B: acute	106	126	75
Hepatitis B: non-acute <sup>3</sup>	N/A	464	483
Hepatitis C: acute	0	4	8
Hepatitis C: non-acute <sup>3</sup> (confirmed to date)	N/A	3,687 (1,585)	2,589 (1,411)
<b>INVASIVE DISEASES:</b>			
<i>Streptococcus pneumoniae</i>	338	406	475
<i>Streptococcus</i> Group A	119	110	108
<i>Streptococcus</i> Group B in infants <30 days of age	19	15	14
Meningococcal Infection	6	20	19
<b>SEXUALLY TRANSMITTED DISEASES:</b>			
Chlamydia	5,942	6,308	5,918
Gonorrhea	1,657	1,669	1,669
P/S Syphilis (Congenital Syphilis)	69 (9)	71 (11)	71 (11)
<b>DRUG-RESISTANT BACTERIA:</b>			
TB isolates resistant to at least INH (resistant to at least INH & Rifampin)	8 (2)	1 (0)	4 (0)
Vancomycin resistant <i>Enterococci</i> isolates	579	445	435
<b>VECTOR-BORNE &amp; ZOONOTIC DISEASES:</b>			
Hantavirus Pulmonary Syndrome	0	0	0
Plague	0	0	0
Animals with Rabies <sup>4</sup>	30	29	35
<b>ALSO OF INTEREST IN ARIZONA:</b>			
Coccidioidomycosis	234	963	1,343
Tuberculosis	85	62	69
HIV	215	219	219
AIDS	164	203	203

<sup>1</sup> Data are provisional and reflect case reports during this period.

<sup>2</sup> These counts reflect the year reported or tested and not the date infected.

<sup>3</sup> Case counts for non-acute Hepatitis B and C are not available before 1998.

<sup>4</sup> Based on animals submitted for rabies testing.



# Immunization Requirements For School Entrance/Attendance 2004-2005

By Andie Denious

When school resumes in the fall, students in kindergarten through 11th grade will be required to show proof of two doses of MMR and three doses of hepatitis B in addition to age-appropriate DTaP/DTP/DT/Td and Polio vaccinations.

The MMR #2 and hepatitis B requirements, originally implemented for kindergarten and first grade in 1997, were expanded in 2000 to include two additional grades each year. This fall, sixth and eleventh grades will be added. At the onset of the 2005-2006 school year, twelfth grade will be added, thus completing the transition to include all grades, K through 12th. As with other immunization requirements of the Arizona School Immunization Law, exemptions for medical reasons or personal beliefs are allowed.

In 2000, public health clinics and private provider offices encountered tremendous demand from students who needed the immunizations in order to enroll and attend school. Health care providers throughout the state are commended for responding to the demand placed upon their clinics and offices at that time. Their hard work is reflected in the high immunization coverage levels reached by students enrolled in kindergarten, seventh and tenth grades, assessed annually by the Arizona Immunization Program Office. The graph below displays 2003-2004 school year assessment results for MMR and Hepatitis B.

The Arizona Department of Health Services (ADHS) has begun the process to implement a varicella requirement. Although not finalized, implementation is expected to



begin 2005 when children attending child care, Head Start, K, 1st and 7th grades will be required to show proof of immunization or history of varicella infection; 2 grades will be added each year thereafter until 2010 when all grades K-12 will be included. ADHS is

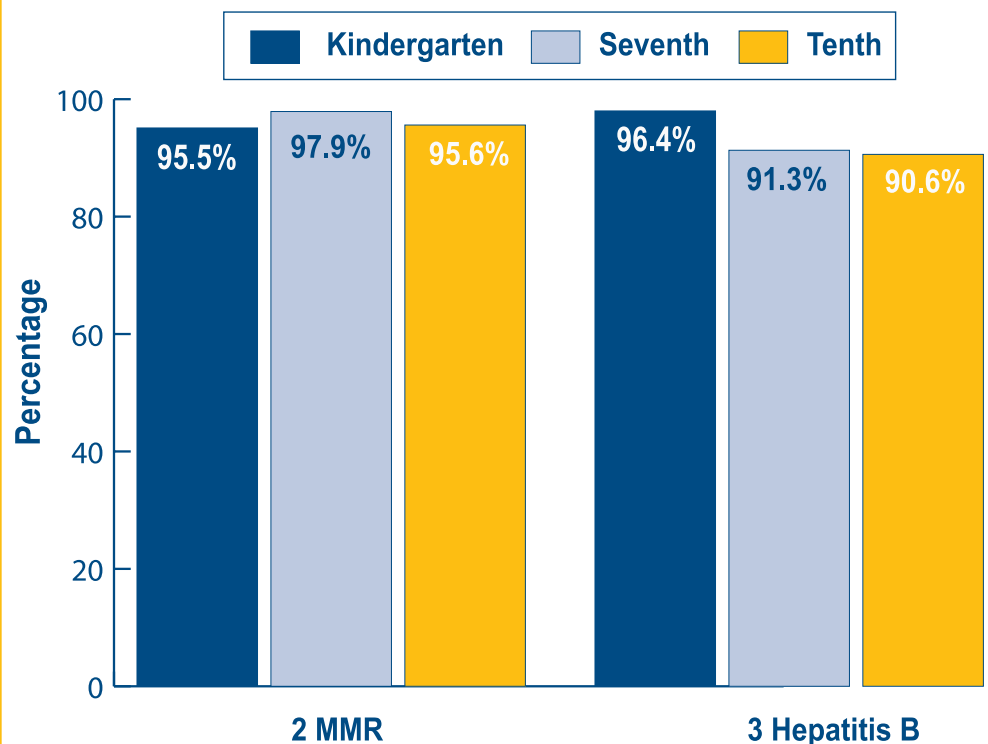
working closely with immunization providers and professional organizations to facilitate the requirement. The requirement would be phased in over a five-year period similar to the implementation of the MMR and hepatitis B requirement. The National Immunization Survey results indicate approximately 70% - 80% of Arizona children under 5 years of

age have already received varicella vaccine. Conversely, the incidence of varicella infection in children 6 -7 years of age and older is common and would negate immunization due to immunity acquired from the disease (varicella vaccine was licensed for use beginning in 1995, therefore children over 7 years of age have more likely had varicella infection than the vaccine).

ADHS requests all health care providers of children and adolescents to document history of varicella infection in the patient's handheld immunization record by writing in "Hx of disease" under Varicella and signing/dating the entry. ADHS will accept parent report of disease, but, if there is any question, the immunization should be administered.

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## Hepatitis B and MMR Immunization Coverage by Grade 2003-2004 School Year





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## Pertussis Increasing in Maricopa County

*Editorial Note: Pertussis has been gradually increasing for years, including periodic outbreaks, and providers in any county are reminded to call their local health department if they suspect a case. (For example, the Pima County Health Department noticed an increase in pertussis in infants in May, and asks that suspects be reported to them at 520-740-8315.)*

There has been a recent increase in the number of cases of pertussis ("whooping cough") reported to the Maricopa County Department of Public Health (MCDPH). These cases represent an increase of 54% over the number of cases reported at this time last year.

**Pertussis should be suspected in all symptomatic children and adults regardless of immunization status.** Fully immunized children can still develop pertussis disease and present with milder symptoms, as vaccine efficacy is not 100% and wanes with age. Typically, infected adults or

older children transmit disease to infants in the household. Exposed infants frequently become seriously ill with complications requiring hospitalization.

You can help prevent the transmission of pertussis by taking the following actions:

- **Consider pertussis in any patient presenting with a severe or episodic cough of seven days or longer**, and report these suspect cases to the MCDPH. (Chances of culture confirmation are increased if specimens are obtained prior to 14 days of cough.)
- In accordance with State regulation **immediately report all cases or suspect cases within 24 hours** of recognition to the MCDPH Office of Community Health Nursing at **602.506.6767. After regular business hours, weekends and holidays call 602.747.7111.**

- **DO NOT DELAY REPORTING** while awaiting laboratory confirmation.
- Whenever possible, **collect nasopharyngeal specimens from suspect cases.** Please contact MCDPH to obtain media and access to free testing from the ADHS laboratory.
- **Immediately treat all cases and suspect cases, and prophylax all household contacts** with oral erythromycin for a full 14 days. This is required to eradicate carriage and prevent bacteriologic relapse and antibiotic resistance.
- Age-appropriately **immunize all children under seven years of age against pertussis** with DTaP vaccine.

If you have questions or need further assistance, contact the MCDPH office of Community Health Nursing at 602.506.6767.